## \*OGC Has Reviewed\*

17 April 1956

MEMORANDAM FOR: Legislative Counsel

SUBJECT : Proposed Legislation to Provide Medicul
Services for Government Employees Overseas

1. One of the stated objectives of the proposed legislation is to provide a uniform medical service program for overseas civilian employees of all Government agencies. In carrying out this objective the proposed bill in Section 13(e) would repeal all laws inconsistent with its provisions. Section 13(e) would specifically repeal the medical services authorities of the CIA Act. The effect of the repealer, therefore, would be to apply to CIA employees all medical services benefits but only those benefits provided other Government employees. The proposed bill in general appears to provide adequate benefits. However, certain provisions are less generous then those now available to CIA or those which will be available if the CIA legislation now before the Congress is passed.

- 2. Section 3(d) of the proposed bill could result in an additional benefit not now available to CIA employees, i.e., medical services in certain territories and possessions of the United States. Imagench as the Agency has been unable to have its authorities extended to any of the territories or possessions this Section would be advantagous to us.
- 3. Section 3(e) is perhaps the most serious defect in the proposed legislation, insofar as this Agency is concerned. This Section would limit medical services to citizens. We have always been able to provide equal benefits to most non-citizen employees of the Agency and there has been no objection to this on the part of the Bureau of the Budget or Congress in the part because of the peculiar personnel meds of this Agency. It is difficult to see how appropriate authority liberalizing this requirement for CIA could be provided without calling undue attention to our peculiar requirements and personnel practices.
- 5. Section 4 could be interpreted to be more restrictive than our present authorities and those proposed in our 1956 legislation. This Section might be interpreted to prohibit appropriate examinations after return from overseas service. It would be preferable if the language could be changed to more closely parallel that in Section 5(d)(4) of our legislation as proposed for amendment.

- 6. Section 7 of the proposed bill is better than anything now available to us in that it specifically provides for out-patient care.
- 7. Section 8 of the proposed bill is almost identical with CIA legislation as proposed for amendment this session. The one difference which may be important is that this Section authorizes payment "of necessary in-patient hospital care". Our legislation and the Foreign Service Act both allow payment for the cost of treatment "requiring hospitalisation". The latter language is preferable in that it has been interpreted to allow payment for treatment of illnesses or injuries which ordinarily require Höspitalization even though home care is provided because hospital facilities are unavailable or imsuitable.
- 8. Section 9 of the proposed legislation is more limited than our proposed smendment to the CIA Act and a proposed amendment to the Foreign Service Act, in that the latter authorize the provision of a surse or other medical personnel in addition to a physician at such facilities.

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Office of General Counsel

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